

| Substitute for form 1449/PTO (Revised 04/2003) INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Use as many sheets as necessary) | | | | Complete if Known | | |
|--|----------------|--|--------------------------------|--|--|--|
| | | | | Application Number | To be assigned | |
| | | | | Filing Date | Concurrently herewith | |
| | | | | First Named Inventor | Jonathan W. Gabrys | |
| | | | | Group Art Unit | To be assigned | |
| Examiner Name | To be assigned | | | | | |
| Sheet | 1 | of | 1 | Attorney Docket Number | 38190/261436 | |
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